

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016104

STATE FILE NUMBER

Registration District No. 233 Primary Registration District No. 5813 Registrar's No. 100

FILED MAY 8 1962

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Upper Loutre Township</u>		c. CITY OR TOWN <u>Montgomery City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>419 S. Walker</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Joseph Ware Bentley</u>		4. DATE OF DEATH Month Day Year <u>April 28, 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-21-1921</u>
9. AGE (last birthday) <u>40</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Spot Welding</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mfg. Company</u>	
11. BIRTHPLACE (City and state or country) <u>Montgomery City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Lake Sharp Bentley</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Show</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW II</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT Address <u>Montgomery City</u> <u>Miss Mildred Bentley</u> <u>Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>drowning</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I <u>showed</u> deceased from <u>April 28, 1962</u> to <u>April 28, 1962</u> and last saw her alive on <u>April 28, 1962</u> Death occurred at <u>7:30 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. J. P. Rodgers</u> <u>Cornor</u>		22b. ADDRESS <u>Montgomery City, Missouri</u>	
22c. DATE SIGNED <u>4-30-1962</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>5-1-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Montgomery City Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Montgomery City, Missouri</u>		23e. DATE RECD. BY LOCAL REG. <u>5-8-62</u>	
23f. REGISTRAR'S SIGNATURE <u>Mustardwick M. D.</u>		24. FUNERAL DIRECTOR <u>Schlanker Funeral Home</u>	
24a. ADDRESS <u>Missouri</u>		24b. DATE RECD. BY LOCAL REG. <u>5-8-62</u>	

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DO NOT WRITE ON THIS STUB

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Rev. 4/59

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAY 9 1962

MAY 16 1963

JUN 2 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*E. Boone Schlanke*

Licensed Embalmer No. 4136

P. O. Address Montgomery City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.